



DELBERT HOSEMANN
Secretary of State

Charities Division

1-888-236-6167

CHARITY COMPLAINT FORM

DIRECTIONS: The information you provide on this form is valuable to the Division's investigation of your complaint. Please furnish specific and detailed information, answer all questions that are applicable to your situation, and be clear and concise in your answers. Failure to provide complete information may delay the processing of your complaint.

COMPLAINANT INFORMATION

Full Name _____ Date _____
Address _____ County _____
City/State/Zip _____ Work Phone _____
Occupation _____ Home Phone _____

FACTS AND CIRCUMSTANCES

1. Against whom are you filing this complaint (name, address, and telephone number)?

2. Specifically, describe your complaint.

Mississippi Secretary of State's Office
Charities Division
Post Office Box 136
Jackson, MS 39205

(601) 359-1371

1-888-236-6167

www.sos.ms.gov

3. Date and means of initial contact. (E.g., newspaper ad, mail, telephone solicitation, referral, etc.) Who made the initial contact?

4. State the full name of the person who solicited you for this donation.

5. Other names associated with the person who solicited you for this donation, such as a professional fundraiser, company, or other principals or associates, etc. Please include addresses and telephone numbers.

6. The following information relates to the actual donation you made. Please provide complete and factual data.

A. Name of Charity: _____

B. Type of Charity (For what purpose are the proceeds of this charity to be used?) _____

C. Date of Donation: _____

D. How much did you donate: _____

E. How did you make this donation? (E.g., cash, check, money order, wire transfer, etc.)? _____

7. What were you told that made you decide to donate? Who told you this?

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8. What were you told about how the charity was going to use your funds?

9. How frequently were you in contact with the company/fundraiser/charity? With whom were you in contact and what did you discuss?

10. Were you encouraged to donate more money to the same or similar charity? If so, what was said to you, by whom, and when?

11. Keeping in mind that the Division cannot recover money on your behalf, how would you like your complaint to be resolved? Please be specific.

12. Describe any contacts you have had with the charity/professional fundraiser concerning your complaint. Please forward copies of any correspondence and other documents between you and the charity and/or fundraiser.

13. Have you contacted any other agency regarding your complaint? If so, please furnish the name of the agency, when filed, and status if known.

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14. Have you contacted a private attorney about this matter? If so, please include the attorney's name, address, and telephone number.

15. If you are aware of anyone else who has made a similar donation or had a similar experience with this charity, please provide names and addresses.

16. Have you ever donated to this charity before? If so, please describe your past experiences.

OTHER INFORMATION

Documentary evidence is especially important. Please forward copies, not originals, of the front and back of your canceled checks, confirmations, statements, correspondence, certificates, invoices, and any other written materials pertaining to your complaint. If you need more space, please feel free to attach additional pages. Return your documents and completed complaint form to:

Mississippi Secretary of State's Office
Charities Division
Post Office Box 136
Jackson, Mississippi 39205-0136

NOTICE

Your complaint will remain confidential. It is unlawful for any person to make or cause to be made, in any document filed with the Secretary of State or in any proceeding, any statement which is, at the time and in the light of the circumstances under which it is made, false or misleading in any material respect. Miss. Code Ann. §79-11-519.

Printed Name

Signature

(_____)_____-_____
Telephone Number including Area Code

Date

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